Division Use



## STATE OF NEW JERSEY

	2				INCOM	IE TAX-R	ESIDENT I	RET	URN		
5F	?									WEB	
		x Year JanDec. 31, 2009, Or Other Tax Year B PORTANT! YOU MUST ENTER YOUR SSN (s).					, 2 extension is enclo		enter confir	mation #	
*		ur Social Security Number	•			nd Initial (Joint f	ilers enter first name and				
See Instructions	Sr	ouse's/CU Partner's Social Security Number		Home Addres	Number and		only if different) apartment number o	r rural m	oute)	· 	all preprinted Otherwise, print o
	<u> </u>			City Town Post Office							n form if all preprinted correct. Otherwise, pr
	Co	ounty/Municipality Code (See Table p. 55)		City, Town, Po	st Office		State		Zip Code		Place label o information is type your nar
	N	J RESIDENCY STATUS  If you were a New Jersey residency of the taxable year, openiod of New Jersey residency	give		M M /	DD/	Ү Ү то	M	M/D	D/Y	Y
Act Not		(Fill in only one)  1. Single		6. Regular	You	urself		omest artner	ic 6	ENTE NUME HERE	BERS
For Privacy Act Notification,	LUS	2. Married/CU Couple, filing joint return	NS	7. Age 65 or 0			Spouse/CU Part		7		
	STATUS		⋝		'					9	
	FILING			10. Number of other dependents						10	
	正	4.  Head of household	ш	11. Dependents	s attending of	colleges			11	_	
		5. Qualifying widow(er)/ Surviving CU Partner		12. Totals (For I (For I		d Lines 6, 7, 8, a d Lines 9 and 10	,		12a	12b	
	ITS	13. Dependent's Last Name, First Name, Middle Initial		Dependent's	Social Se	curity Numbe	PΓ	Birth `	not h inclu Media	oval if depend nave health insuding NJ Fami caid, Medicare	surance lyCare/ e, private
	<b>EPENDENTS</b>	a			-	1-		П	01 01	ther (see instru	actions)
	N N	h			.==	i-FF			#		
		0			H				#		
		d			H	-		H	##		
		Do you wish to des	•				Yes Yes		oval(s),	you fill in the ' it will not incre educe your ref	ease you
ac rel rel	com oate oate	the penalties of perjury, I declare that I have examine panying schedules and statements, and to the best of application (Form TR-1040), I also declare that I occu as my principal residence on October 1, 2009. If prepar of which the preparer has any knowledge.	my ipied	knowledge and be the rental proper	lief, it is true by for which I	, correct, and co am applying fo	omplete. If complete the tenant homes	ing a stead	Write Social on	on Line 54 in Security numb ney order and	per(s)
•	You	ır Signature			Da	ate		_		IEW JERSEY	
with your NJ-1040-V payment voucher and your return to voucher and your return to:  NJ Division of Taxation NJ Division of Taxation							):				
lf		do not need forms mailed to you next year,							PO Box 1	Processing Ce 11 IJ 08645-0111	
	_	prize the Division of Taxation to discuss my return		<u> </u>					IF REFUND: NJ Divisio	n of Taxation	
Pa	id P	reparer's Signature			Federal Iden	tification Numbe	er	$\overline{}$	Revenue PO Box 5	Processing Ce 55 IJ 08647-0555	enter
					ШШ		$\Box$		You may also credit card. F	o pay by e-che or more infor	eck or
Fir	m's	Name			Federal Emp	loyer Identificat	ion Number		go to:	ue/treasury/ta	

5

6

3



#### **WEB**

NJ-1040 (2009) Page 2

Nam	e(s) as shown on Form NJ-1040		Your So	cial	Securi	ty Nun	nbe	r	1			٦
_			_	7 [		_	7		+		<del>-</del>	<del> </del>
	Wages, salaries, tips, and other employee compensation (Enclose W-2)	14 15a	出	ا , ل ] , [	1	土	],  ],	_		].L ].[	士	]
15b.	Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a	1	Щ	Ļ	].[	ļ	į,					_
16.	Dividends	16	Щ	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	_	Ļ	<b>,</b>	_	<del></del>	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֝֡֝֡֝֓֓֓֡֝֡֡֝֡֝֡֝֡֝	<del></del>	_
17.	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	4	], <u> </u>	4	丰	,	_	<u></u>	֓֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֝֡֝֓֓֓֓֡֝֡֝֡֡֝֡֝֡֝֡֡֝֡	#	4
18.	Net gains or income from disposition of property (Schedule B, Line 4)	18	뉴	<u>.</u>	4	+	],	_	+	ŀĻ	#	╡
	Pensions, Annuities, and IRA Withdrawals (See instruction page 22)	19 20	H	」, [ ],[	#	±	],  ],	=		]. L ]. [	士	֡֝֝֝֝֝֝֝֝֝֝֡֝֝
21.	Net pro rata share of S Corporation Income (Enclose Schedule) (See instruction page 26)	21		],[			,			].[	工	]
22.	Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22		],[	1		],			ַן.[	工	]
23.	Net Gambling Winnings (See instruction page 25)	23		],[			],			].[	I	]
24.	Alimony and separate maintenance payments received	24		],[			,			ַן.[	工	]
25.	Other (Enclose Schedule) (See instruction page 26)	25		],[		Ļ	,			֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֝֓֓֓֓֡֡֝֡֓֓֡֡֡֡֓֓֓֡֡֡֡֓֓֓֡֡֡֓֓֓֡֡֡֡֓֓֡֡֡֡֡֡	<u></u>	_
26.	Total Income (Add Lines 14, 15a, and 16 through 25)	26	ᄔ	ا, ا	4	ᆜ	,	Щ		l.L	丄	
27a.	Pension Exclusion (See instruction page 27)	⇊	<b>⅃</b> , _	L	닏.	닏						
27b.	Other Retirement Income Exclusion (See worksheet and instr. page 27) 27b	Ш	,	누	<u>Ų</u> .	부	_		_		_	7
27c.	Total Exclusion Amount (Add Line 27a and Line 27b)		_	270		+	<b>.</b> ,	4	+	Į.Ļ	#	╣
28.	New Jersey Gross Income (Subtract Line 27c from Line 26)	28	뉴	,	+	+	],	_	+	]. <u>L</u>	+	╡
29.	Total Exemption Amount (See instruction page 29 to calculate amount)(Part-Year Residents see instruction page 8)		29		_	+	<b>.</b>  ,	_	+	╬	#	╡
30.	Medical Expenses(See Worksheet and instruction page 29)		30		+	+	<b>.</b> ,	_	+	ŀŀ	+	╡
31.	Alimony and Separate Maintenance Payments		31		+	十	<b>.</b>   ,  	+	<u> </u>	╬	+	╡
32.	Qualified Conservation Contribution		32		_	÷			+	¦¦	肀	╡
33.	Health Enterprise Zone Deduction		33		_	÷		_	+	ťĖ	肀	╡
34.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33)	0.5	34	77	+	+			+	ťĖ	+	╡
	Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	H	<u> </u>	╦	+	』,∣ ]			J. L	_	4
36a.	Total Property Taxes Paid (See instruction page 30)	<b></b> ,			٠. ــ							
36b.	Indicate your residency status during 2009 (fill in only one oval)	— н	lomeown	er 36		Tenar	nt		Both	1 Г	$\top$	7
	Property Tax Deduction (See instruction page 33)			300	•		<b></b> 7			1. L		_
38.	NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35)  If zero or less, MAKE NO ENTRY.	38		],[			],			].[	工	



### **WEB**

							NJ-1040 (20	009) Page 3
Na	nme(s) as shown or	Form NJ-1040			Your Social S	Security Number	r I	
Н								$\overline{}$
39.	TAX (From Tax Ta	able page 57)			39	,		.Ш
40.		e Taxes Paid to Other Jurisdiction ction code (See instructions)			40	<u> </u>		
41.	Balance of Tax (S	ubtract Line 40 from Line 39)			41 ,	,		Щ.
42.	Sheltered Worksh	op Tax Credit			42 ,	<u> </u>		
43.	Balance of Tax af	ter Credit (Subtract Line 42 from	Line 41)		43 ,	,		
44.	Use Tax Due on Out-of-State Purchases (See instruction page 39) If no Use Tax, enter ZERO (0.00)							
45.		payment of Estimated Tax NJ-2210 is enclosed.				,		畀
46.	Total Tax and Pe	nalty (Add Lines 43, 44, and 45)			, 46	,		Щ.
47.	Total New Jersey	/ Income Tax Withheld (From er	nclosed Forms W-2	and 1099)	47 ,	<u> </u>		.Ш
48.	Property Tax Cred	dit (See instruction page 33)				48		Щ.
49.	New Jersey Estim	nated Tax Payments/Credit from 2	008 tax return		49 ,	,		.Ш
50.	O. New Jersey Earned Income Tax Credit (See instruction page 41)							
51.	EXCESS New Jer	sey UI/WF/SWF Withheld (See inst	r. page 41) (Enclose F	orm NJ-2450)		51 ,		.Ш
52.	EXCESS New Jersey Disability Insurance Withheld (See instr. page 41)							
53.	53							
54.	Fill in if payir	THAN Line 46, enter AMOUNT Name by e-check or credit card.  u may make a donation by entering			60, 61 and/or 62 and a	adding this to yo	our payment ar	nount.
55.	Deductions from C	E THAN Line 46, enter OVERPAY Overpayment on Line 55 which yo	u elect to credit to:		EC	,		HH
56.	Your 2010 tax	N. I. Endament			, ,	7		#
57.	7	N.J. Endangered Wildlife Fund	□ \$10 □ \$20	☐ Other		57		.Ш
58.		N.J. Children's Trust Fund To Prevent Child Abuse	□ \$10 □ \$20	☐ Other	ENTER AMOUNT	58		.Ш
59.	-	N.J. Vietnam Veterans' Memorial Fund	□ \$10 □ \$20	☐ Other	OF	59		.Ш
60.	X	N.J. Breast Cancer Research Fund	□ \$10 □ \$20	☐ Other	CONTRIBUTION	60		$\Box$
61.		U.S.S. New Jersey  Educational Museum Fund	□ \$10 □ \$20	☐ Other		61		
62.	Other Designated See instruction pa	Contributionge 42	□ \$10 □ \$20	☐ Other	0	62		皿
63.	•	rom Overpayment (Add Lines 56	through 62)		63	,		Щ.
64.	REFUND (Amount	to be sent to you. Subtract Line 63	3 from Line 55)		64 ,	,		Щ.

TR-1040 2009



#### WEE

# STATE OF NEW JERSEY HOMESTEAD REBATE APPLICATION (FOR TENANTS ONLY)

1	IMPORTANT! YOU MUST ENTER YOUR SSN (s).	(FOR TENAN	TS ONLY	<b>'</b> )				
	Your Social Security Number	Last Name, First Name and Initial (Joint filers enter first no	ame and initial of each	- Enter spouse/CU partner last name	or			
tion,		ONLY if different)						
Notification,	Spouse's/CU Partner's Social Security Number	Home Address (Number and Street, including apartment number or	a monal manda)		reprin ierwise 3SS.			
St. No.	Spouse 5/00 Parties 5 Social Security Number	Frome Address (Number and Street, including apartment number of	r rurai route)		form if all preprinted correct. Otherwise, print or e and address.			
Privacy Act								
r Priv	County/Municipality Code (See Table p. 55)	City, Town, Post Office	State	Zip Code	abel or			
For					Place label c information i type your na			
S	1. Single	NJ RESIDENCY STATUS						
FILING STATUS	2.  Married/CU Couple, filing joint return	6. If you were a New Jersey resident for ONLY	From M	M/DD/Y				
IS S	3.  Married/CU Partner, filing separate return	part of the taxable year, give the period of New Jersey residency:						
Ē	4.  Head of household	New Jersey residency.	To M					
	5. Qualifying widow(er)/Surviving CU Partner							
	DO NOT FILE FORM TR-1040 IF YOU WE		-	` '				
	<ol> <li>On October 1, 2009, I rented and occupied an apartment or</li> <li>Yes  No If "No," STOP. You are not elign</li> </ol>				page 52.			
	8. On December 31, 2009, I (and/or my spouse/CU partner) was a Fill in only <b>one</b> oval. See instruction page 52.	a. Age 65 or older b. — Halind or	disabled c. C	──Not 65 or blind or o	disabled			
	Enter the GROSS INCOME you reported on Line 28, Form or see instructions	9						
1	0. If your filing status is MARRIED/CU PARTNER, FILING SE			-,				
	and you and your spouse/CU Partner MAINTAIN THE SAN				_			
	RESIDENCE, enter the gross income reported on your sporeturn (Line 28, Form NJ-1040) and fill in oval			ــا لــــــــــــــــــــــــــــــــــ				
1	1. TOTAL GROSS INCOME (Add Line 9 and Line 10)	11			$\Box$			
	STOP - IF LINE 11 IS MORE THAN \$100,000, YOU ARE			.,				
1	2. Enter the address of the rental property in <b>New Jersey</b> tha		2009.					
	Street Address (including apartment number)		Municipa	ality				
1	Enter the total rent you (and your spouse/CU partner) paid rental property indicated at Line 12	· IJ						
1	14. Enter the number of days during 2009 that you (and your spouse/CU partner) occupied the rental property indicated at Line 12. (If you lived there for all of 2009, enter 365)							
1	15. Did anyone, other than your spouse/CU partner, occupy and share rent with you for the rental property indicated at Line 12?							
	Yes — (If yes, you must complete Lines 15 a, b, and	I c)						
15	<ul> <li>Enter the total number of tenants (including yourself) who seem indicated at Line 14. (For this purpose, husband and wife/Cl</li> </ul>		1					
15	b. Enter the name(s) and social security number(s) of all othe	er tenants (other than your spouse/CU partner	r) who shared	the rent.				
	Name			//				
	Name		<u></u>					
	Name							
15	c. Enter the total rent paid by all tenants during the period ind	licated at Line 14		<u> </u>				
	Under the penalties of perjury, I declare that I have examined this rebbest of my knowledge and belief, it is true, correct, and complete and	that I occupied the rental property for which I am app	olying for the					
	tenant homestead rebate as my principal residence on October 1, 200 is based on all information of which the preparer has any knowledge.		s declaration	If you are ONII V filling				
띴	Your Signature	Date		If you are ONLY filing Form TR-1040, mail your				
崮				application to:				
SIGN HERE	Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)  Date  NJ Division of Taxat Revenue Processing							
5	If you do not need forms mailed to you next year, fill in (See instruction page 14) PO Box 197							
S	I authorize the Division of Taxation to discuss my rebate a Paid Preparer's Signature	application and enclosures with my preparer ( Federal Identification Number	below)	Trenton, NJ 08646-019	11			
	. a.a	r odorar rudhinodion rudhinon						
	Firm's Name	Fodoral Employer Identification Number						

NJ-1040-V N J Gross Income Tax 2009 Payment Voucher	SOCIAL SECURITY NUMBER
	LAST NAME, FIRST NAME AND INITIAL
MAKE YOUR CHECK PAYABLE TO 'STATE OF NEW JERSEY - TGI'. WRITE YOUR SOCIAL SECURITY # AND TAX YEAR ON YOUR CHECK.	STREET ADDRESS  CITY, STATE, ZIP CODE
RETURN THIS VOUCHER WITH YOUR PAYMENT	
State of New Jersey Division of Taxation Revenue Processing Center PO Box 111 Trenton, NJ 08645-0111	Enter amount of payment here: